



Remove a Family Member

Head Of Household: _____

SSN: _____ Phone: _____

Address: _____
[Street Name and Number] [City] [State] [Zip]

**Please complete the following to remove a family member.
You will receive a written response regarding the request to remove the family member.**

Name of Person You Wish to Remove: _____

Relationship to You: _____ Date of Birth: _____

SSN: _____

New Address of Person You Wish to Remove?

[Street Name and Number] [City] [State] [Zip]

Documents Needed

Please provide proof of new address for person(s) being removed from family household.

Please attach a copy of two of the following items:

- Utility Bill with Person(s) Name and New Address (Water, Electric or Cable)
- State Issued Photo ID or Driver's License with New Address
- Cell Phone Statement with New Address
- A Lease Agreement with the Person(s) Name and New Address

Signature

Date

Warning: Title 18, Section 1001 of the United States Code, states that a person who knowingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.